

FILED DEC 2 1948

Registration District No. **178**Primary Registration District No. **4188**Registrar's No. **13**

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Owensville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Lifetime (Specify whether
in this community years, months or days)

3. (a) PRINT FULL NAME Mamie Bertha Buchholz

3. (b) If veteran, name war ** 3. (c) Social Security No. **

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George Buchholz 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July 7 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 4 8 hr. min.

9. Birthplace Owensville Missouri
(City, town, or county) (State or foreign country)
Housework

10. Usual occupation

11. Industry or business

12. Name Henry Plummer13. Birthplace Owensville Missouri
(City, town, or county) (State or foreign country)14. Maiden name Laura Holt15. Birthplace Owensville Missouri
(City, town, or county) (State or foreign country)16. (a) Informant George Buchholz(b) Address Owensville, Mo.17. (a) Burial (b) Date thereof 11-18-'48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation City Cem. Owensville18. (a) Signature of funeral director Myford H. H. Winter(b) Address Owensville, Mo.19. (a) 11-29-48 (b) Dorothy Buchholz
(Date received local registrar) (Registrar's signature) 21.3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Owensville
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15
year 1948 hour 6 minute p. M.

21. I hereby certify that I attended the deceased from Nov. 1948 to Nov. 1948.
that I last saw her alive on Nov 15 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration
3 yrs.

Due to Myocardial and valvular dysfunction
Due to

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 61
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature R. M. Keller M.D. (M. D. or other)Address Owensville, Mo. Date signed Nov 26, 1948

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed DEC 1 1948

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....me.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Melvin H. H. White*.....

Licensed Embalmer No....3838

P. O. Address....Owensville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.